

NOTICE RE: CERTIFICATES OF CORRECTION

DATE : 10-25-01  
 TO : Supervisor, Art Unit 3751  
 SUBJECT : Certificate of Correction Request in Patent No.: 6210064

Paper No.: 17

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

- ☐ 1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
- ☐ 2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
- ☐ 3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the change request be granted?
- ☒ 4. With respect to the change(s) requested, correcting Office and/or printing (O, Off, C, and/or P) errors, should the patent read as shown in the certificate of correction?
- ☐ 5. If the amendment filed \_\_\_\_\_ had been considered by the Examiner, would the amendment have been entered?

PLEASE RESPOND WITHIN 7 DAYS AND RETURN THE FILE TO

PALM LOCATION. 7580,  
 CERTIFICATES OF CORRECTION BR, PARK 3 -915/922,  
 Thank you

*E. James*  
 Legal Instrument Examiner  
 Tel. No.

PLEASE CHECK THE BOX(ES) BELOW CORRESPONDING TO THE BOXES CHECKED FOR QUESTION(S) ABOVE AND RETURN FILE TO: PALM LOCATION 7580, CERT. OF CORREC. BR., PK 3 -915/922

DATE: 11/27/2001

The decision regarding the change(s) requested in the certificate of correction is shown below.

- |   |                             |   |
|---|-----------------------------|---|
| <input type="checkbox"/> 1.YES            | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 2.YES            | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 3.YES            | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input checked="" type="checkbox"/> 4.YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 5.YES            | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |

☐ Comments \_\_\_\_\_

**APPROVED**

NOV 27 2001

*Bernadette Queen*  
 IN THE COMMISSIONER OF PAT.

*[Signature]*  
 Supervisor

GREGORY L. HUSON  
 SUPERVISORY PATENT EXAMINER  
 TECHNOLOGY CENTER 3700  
 Art Unit